AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

₽ No

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

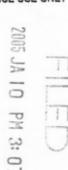
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COMMITTEE INFORMATION			
1. Full name of committee (as on Statement of Organization) Check if this is a new notice of the Committee To ELECT WAYNE WILSON	ame		
Acronym or abbreviated name, if any	3. Committee (317)	telephone number 844-8076	
4. Mailing address (address where all campaign finance correspondence is received) ☐ Ch 24 WILSON DRIUE	neck if this is a r	new address	
5. City, state, ZIP code CARMEL IN 46032		tion (if applicable)	
CANDIDATE INFORMATION (For Candidate's C	ommittees O	nly)	
7. Full name of candidate (include any nickname) WAYNE ALAN WILSON	8. Party affilia	tion or if independent	candidate
9. Office sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF THE CITY OF CARMEL	10. County of		
TYPE OF REPORT		CONVENTION C	ANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 18, 19, and 20) Outside Transport of the statement of Committee (lines 18, 19, and 20)	0 must be "0")	Check one: Pre-Convention Post-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)		- Post-Convention	"
12. Reporting Period: From: Jawary 1, 2004 Through: December 31, 2004	-	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		190.54	
14. Cash on hand and investments January 1, current year.			196.54
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions,)	100		
15a. Itemized (use Schedule A)			
15b. Unitemized			
15c. Add lines 15 a and 15b in both columns SUBT			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	90.54	190.54
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		7	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			
17b. Unitemized		56.00	156.00
17c. Add lines 17a and 17b in both columns SUBT	TOTAL	56.00	154.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 3	34,54	34.54
19. Debts OWED BY the committee (use Schedule D)	7	CERO	
20. Debts OWED TO the committee (use Schedule E)	7	2520	THE REPORT OF
CEPTIFICATION			P OFFICE USE ONLY

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Signature on File

WARNING: Anyl information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)





State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _	2	of	10		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-10-DATE	RECEIVED BY
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Contributor's Occupation (if required)	tor's name in this seace.	ntaring a contribu	nerW: When	DAMI
2. Izeel te to enodudhtnoo elapanga eban asiqmax3 lanolige e notudrunoo ted	Contributions: Direct In-Kind (describe)	endar year. Occ	IPATION: Enter 3 during the ca	00CCI \$1,0C
	Other Receipts: Interest Loan Misc. (specify)	TO RO NOTT	ney Banker, 1 OF CONTRIBU Se the general to	PART CARGO
Contributor's Occupation (if required)		e as specific as p	3 , suomnalisuar	For it
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(is the same as the entry in Column	Other Receipts: Interest Loan Misc. (specify)	ceipte calendar y each calendar y	ers-ex, or other n	lened
Contributor's Occupation (if required)				
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	Other Receipts: Interest Loan Misc. (specify)	M Jacoppa a'selfa m ectimmop edit	Med in the committee of the street of the st	toas (es
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	Other Receipts: Interest Loan Misc. (specify)	ES ON SCHEDU It of all pages on	L OF ALL PAG The total amou	YOY ONLY Sheet
Contributor's Occupation (if required)				
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REPORT OF RECEIPTS AND EXPENDITURES (CFA-4 SCHEDULE A-2) OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	3	of _	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Prophysia box. For in-juria coreirbusides. Bumper stickers or mallings, etc.)	Contributions Direct In-Kind (describe)	product or service of service as pecific as p	exterour no is cribe the general "miscellaneous".	dest desi
contribution, including in-kind, transfers- sistive contributions, including in-kind.	Other Receipts: Interest Loan Misc. (specify)	IT THIS PERIOD: I This reporting per NLATIVE YEAR-T	r other receipts fi LUMN E CUMIL	00 -
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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5.		Contributions: Direct In-Kind (describe)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY

POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	5	of 10		

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	is imparative to list the full name of the propriets box. For e-kind contributions	Other Receipts: Interest Loan Misc. (specify)	//	OCUTRIBUTION	TYPE OF
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5.	page of Schedule A. If there is only one one on sufficient CN THE LAST PAGE ONLY) M 15s of the Summary Sheet.	Contributions: Direct In-Kind (describe)	Schidding A. A.	Schedule the Selection of ALL PAGES OF unt of all pages	Cage of this TOTAL OF J the lotal arra
		Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200. if regular party committee). All transfers-in and in-height cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) by State Board of Accounts 1999

Approved

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this

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(CFA-4 SCHEDULE B)

ITEMIZED EXPENDITURES

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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		C ON THE LAST PAGE ONLY	\$ 7800		



(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUME	BER	
Page _	9	of _	10	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page _	10	of 10	Bixe	

BORROWER'S NAME	CO-SIGNER;S NAME	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS	
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